

UNIVERSITY OF MISSOURI HEALTH CARE
ANNUAL REGISTRATION ENROLLMENT AGREEMENT

This is your agreement with University of Missouri Healthcare (MU Health Care) about the annual registration enrollment process. This agreement confirms your consent to healthcare and your agreement to be financially responsible for all charges related to your visit services as provided below. The agreement allows MU Health Care providers to access your health information. MU Health Care may cancel this agreement in appropriate circumstances.

Since the use of the annual enrollment allows MU Health Care providers access to your medical record, please read this agreement carefully. You will be asked to sign and to accept these terms and conditions. If you are signing on behalf of someone else, you agree that you are authorized to sign this agreement for that person.

Consent for Treatment/Conditions of Service

By presenting and enrolling in this program you agree that you wish to receive services at MU Health Care for either inpatient or outpatient services and agree to all terms and provisions of this MU Health Care Annual Enrollment Agreement. You understand and agree to the following:

Consent for My Health Care

I give my consent to MU Health Care to provide me with appropriate inpatient, outpatient and follow-up health care services which may include tests, drugs, exams, and other care asked for in order to treat me. I give my consent for treatments ordered which may include routine health tests, stabilization, and medical treatments such as

- X-Rays
- Local anesthesia
- Lab tests
- Procedures
- IVs (intravenous) and other modes of giving me medicine and nutrients

For Invasive procedures requiring anesthesia or conscious sedation, separate consent forms will be need to be completed.

I know that the MU Health Care's Mission includes research, teaching and patient care. Plus, I know that my health care, while overseen by an attending doctor, may be given by a member of the health care team like a nurse and other health expert(s). I know that I may be asked about research which pertains to my health care. I know that I have the right to give my consent to be a

part of these research studies. Or, I have the right to deny consent. I have a list and know my Patient Rights and Responsibilities as a patient of MU Health Care I know that MU Health Care is not liable for my health and safety if I choose to leave the hospital building during my care. I understand that my nurse will ask me questions about my discharge plans, however, if I would like more assistance with discharge planning I may request a full discharge evaluation from social services.

Depending on the treatment you receive, staff may ask you if there is a Designated Caregiver who will be assisting with your post-visit care. If you provide the name of an individual, you consent for MU Health to share information regarding your condition and post-visit care.

Telehealth services

I know that I can now get some of my health care by interactive video or the electronic transfer of information. This technology may help to assess, diagnose and treat many of health care problems. This type of care is called “telemedicine” or “telehealth.” This means that I may get some health care from someone who is not in the same room as me. I agree and will allow such care.

I know that all telehealth care will be tracked in my health records. These records may have notes, pictures and other health information gained from my health care session. I will let MU Health Care, as well as anyone else who gives me health care, send the health information gained through telehealth to my own doctor and insurer (if I have one). Plus, if someone gives me health care, they may send my health records to anyone else who may, by law, view and use them.

I know that the options below are available to me when I get care through telehealth:

1. Someone will be in the room with me to help with the visit. I have the right to be told about all parties who will be a part of my care, both at my site and the remote site. I can choose to exclude a person at either site. I know that there are some people that must be involved at both sites. If I choose to exclude a person at either site, I know that someone else may need to take part for the telehealth services to be given.
2. I can choose to get my health care in the “usual” way (for example, an in-person visit). I can ask about other types of care from my health care providers. If I choose not to use telehealth for my care, I know that it may be up to me to set up a different kind of care.
3. I can get telehealth information in the same way that I get other information in my health records. This is consistent with all laws and MU Health Care rules that apply.
4. Each telehealth session involves sending information from the meetings with my doctor. Each visit may need to be watched and a record made. This may be done through the use of still pictures or sounds with diagnostic worth. MU Health Care does not store videos

of telehealth sessions. If a telehealth session is videoed or recorded, I have the right to choose to object.

5. I may refuse telehealth services at any time. If I do, it will not affect my right to future care or treatment. Also, if I use MO HealthNet, I will not be at risk of losing my MO HealthNet benefits.

Privacy and Identity Theft Safety

I know that some things may be newsworthy. I agree that basic reports of my condition (these are “critical, serious, fair, and good”) may be sent to the news media in MU Health Care’s best judgment unless I have requested confidential treatment of that information at time of admission. If I do not want such reports to be sent, I will inform appropriate staff.

I understand that MU Health Care is committed to protecting me and my privacy and agree to follow MU Health Care privacy policies. For my safety as a patient, a photo may be requested to be taken of me. Photographs, video and images taken for patient care and treatment will be included as a part of my health record. Pictures, video and images are a part of my health care record. I know that MU Health Care utilizes security cameras in the hospital to keep all patients safe.

My Personal Items

MU Health Care will not be at fault if any of my own property is lost, damaged or stolen. The same is true for all the things my visitors might bring with them. The hospital has a safe that I can put valuables in.

Financial Agreement/Assignment of Insurance and Agreement to Pay

Paying for My Care:

I, my insurance carrier(s), or both will pay for my health care as soon as possible. . I agree that you may call me on whatever phone numbers I give you, including land lines, cell phones, skype numbers, or anything else. My insurer and other payment sources are authorized to pay MU Health Care directly for all of the health care I get. I assign to MU Health Care the right to receive payment for health care provided by MU Health Care from the following sources:

Primary (first to pay) and secondary (next to pay) benefits such as:

- Medical insurance
- Health insurance (HMO, PPO, other)
- Hospital insurance
- Accident insurance, including auto medpay
- Medicare
- MO Healthnet (Medicaid, Missouri Care, etc)
- CHAMPUS, VA, Tricare

Claims from Worker’s compensation or work-related disease
My own money, estate, or other funds to which I am entitled

Insurance Coverage:

I agree to let MU Health Care know if I have current insurance or other payment sources available to pay for my health care costs. If I have not told MU Health Care of such coverage, I understand that I will be responsible for, and agree to pay for the costs of my care.

If I can't pay for my care, I will tell MU Health Care at once to see if I can get help from MU Health Care.

Non-Covered Costs:

I agree to pay all MU Health Care costs that are not paid by my insurer or third party payer. These costs might be things such as deductibles and co-insurance. This may also include costs not paid due to an authorization or referral not being obtained by me before treatment as I should have. If the bill(s) is sent to collection, I will pay MU Health Care's lawyer fees and collection costs. Plus, MU Health Care may add a credit balance to all other accounts of mine.

Other Services:

I understand that I will receive separate bills for care provided by my health care providers and care provided by the hospital. Separate bills are issued for things like anesthesiologist and pathologist fees.

Help for Patients Who Do Not Have Health Insurance or May be Underinsured:

If I am uninsured and cannot pay for the care received, I will tell MU Health Care at once to see if I can get help from MU Health Care or other group(s) to pay for my health care.

Consent for Release of Health Records:

MU Health Care and the health care providers who care for me may give all or parts of my health records to a referring doctor, if there is one, when asked.

I will let any insurance company that will pay my health care bill(s), have access to my records. MU Health Care may send parts of my health record(s) to all health care providers or doctors to which my care may be moved. If I do not want my records sent to another health care provider or payment source, it will be my responsibility to inform the clinic or hospital.

I want the hospital to bill my insurance or other payment source for care that is provided to me. If I have a visit that I do not want billed, it will be my responsibility to inform the clinic or hospital.

Special Information for Medicare Recipients:

I understand that some of the MU Health Care facilities are hospital-based providers and that I will be responsible for both hospital and physician coinsurance amounts for the care

that I receive. At this time, the exact nature and extent of the care that I will receive are not known. The actual amount that I owe will depend on the actual services that I receive. In facilities that are hospital-based, I understand that I may incur coinsurance liability to the hospital that I would not incur if the facility were not hospital-based.

I will need to respond to the Medicare secondary payer screening at each visit.

YOU AGREE NOT TO USE THE MU HEALTH CARE ANNUAL ENROLLMENT UNTIL YOU HAVE FULLY READ AND UNDERSTAND ALL OF THE TERMS OF THE ABOVE AGREEMENT.

Acknowledgement and Agreement

I have been provided with a MU Health Care Annual Enrollment Agreement, a copy of my Patient Rights, and a copy of the University Of Missouri Healthcare Notice Of Privacy Practices.

I agree to the terms and conditions set forth in the Annual Enrollment Agreement. That Agreement will remain in full force and effect for 12 months. I understand that at each visit I will be asked to confirm limited information. If any of the information that I have provided changes during the 12 month period, I will inform MU Health Care of those changes at my next visit.

Print Patient Name

Patient/Representative signature

Date

Office Use Only

Medical Record Number:

Representative Initials: